

# **Criminal Justice Council Report**

## **Addressing Mental Health and Chemical Dependency Problems Among Offenders**

**December 14, 2004**

### **Background**

With the growth in the Jail population and expenses, Dakota County began an effort in 2002 to consider additional ways to divert certain subgroups from the Dakota County Jail. Dakota County already has a history of Jail alternative efforts, including electronic home monitoring, Sentence-to-Service, Safe Streets First, and conditional release.

One of the significant conclusions from the Jail Alternatives Study (presented to the Dakota County Board of Commissioners on April 20, 2004) was that a portion of the Jail population growth and costs are associated with inmates who have mental health and dual mental health/chemical dependency problems. The working assumption is that if these problems can be successfully managed in the community, then those inmates would commit fewer crimes, and would not return to the Jail.

It was a small leap to expand the discussion to include *probationers* who have mental health or dual mental health/chemical dependency problems. After all, probationers far out number jail inmates in a year. Just as with inmates, these problems contribute to their criminal behavior, and can get in the way of successfully completing probation.

The Criminal Justice Council created a subcommittee to complete a more in-depth study of the issues and options for addressing mental health and chemical dependency problems among offenders. The subcommittee met during the spring and summer of 2004 to:

- 1) Review literature and best practices
- 2) Review available information about Dakota County Jail inmates
- 3) Identify gaps in information about inmates, probationers, and how they access mental health and chemical dependency services.

Based on the identified gaps, the subcommittee:

- Using a one-day snapshot of inmates, estimated how many have involvement with County Social Services (Mental Health, Chemical Dependency, Child Protection); Income Maintenance (TANF, Fee Collections, Medicaid), and Public Health
- Using one-day snapshot of inmates, determined the share of inmates who are in jail because of arrest/pre-trial reasons, serving sentences, on work release
- Using one-day snapshot, determined share of inmates in jail on charges involving methamphetamines
- Mapped how people who enter the Dakota County Jail have their mental health and chemical dependency needs identified, how needs are triaged, and when/why their needs are not addressed
- Coordinated work with another committee looking at prescription drug costs for inmates, and whether there are less expensive alternatives
- Studied funding options for in-jail and post-release mental health and chemical dependency services, including public and private insurance
- Conducted focus groups with judges, county attorney staff, public defenders and probation officers to highlight problems and options for working with this group of offenders

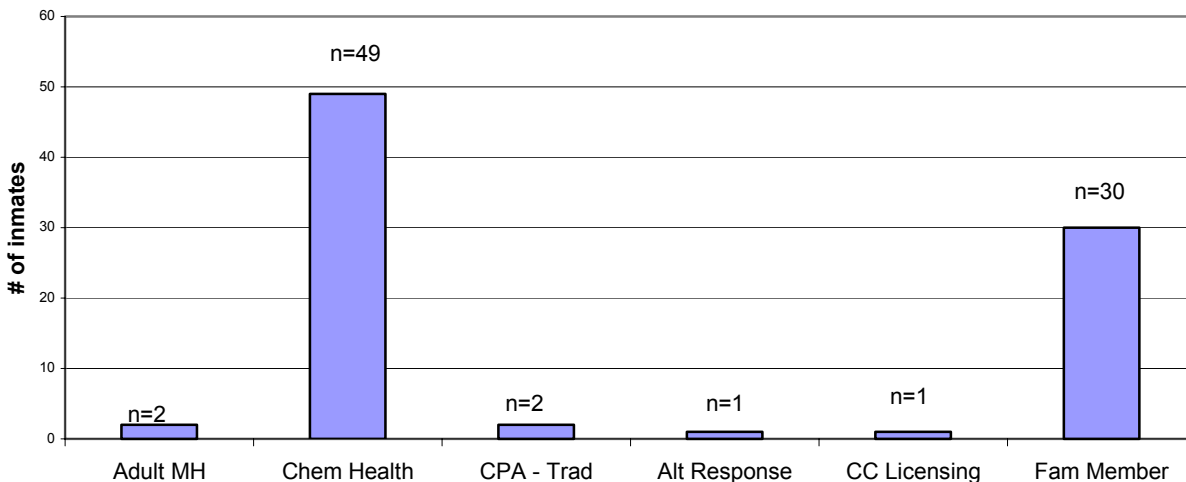
## Findings - Demand/Need for Treatment Among Jail Inmates

The 2003 study of the Dakota County Jail inmate population showed that:

- At least 15-20% of inmates indicated some kind of mental health system involvement when they were booked, such as past hospitalizations for psychiatric episodes and use of psychotropic medications.

Because MH and CD problems are more common among Jail inmates than among the general population, it made sense to see how many of the inmates were also clients of Dakota County Social Services, especially the Adult Mental Health and Chemical Health units. Based on a July 2004 snapshot of the Dakota County Jail population, approximately 45% had been open to the Chemical Health unit – nearly all to get Rule 25 assessments. There was no indication of whether these clients were getting CD treatment. On the other hand, fewer than 2% of inmates were open to the Adult Mental Health Unit.

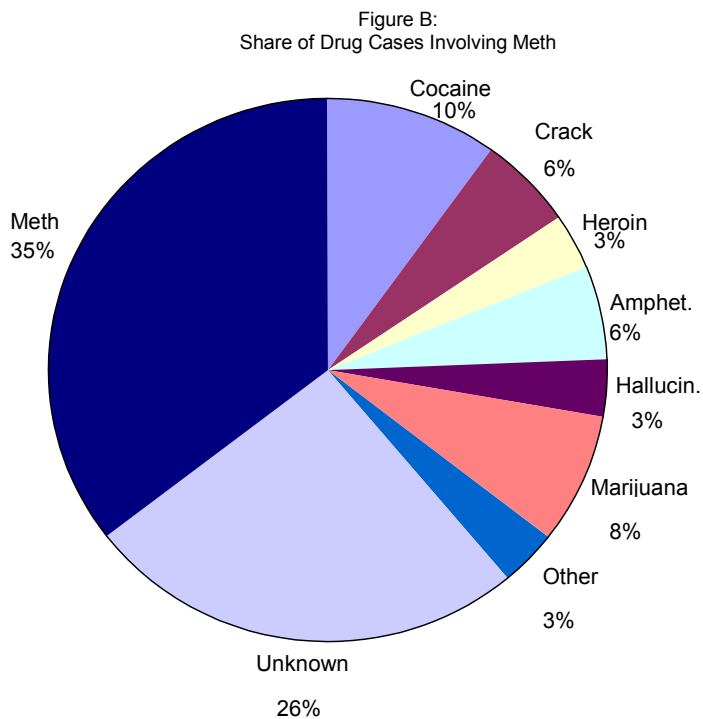
Figure A:  
Jail Inmates (7-23-04) Who Were Open to Social Services  
(Note: Only able to verify 109 inmates)



- The 2003 study showed that drug crime charges accounted for an increasing proportion of the Jail population (up from 4.8% in 1990 to 11.5% in 2001). Inmates with these charges accounted for 20% of the bed-days.
- A total of nearly 40% of the booked population had been charged with a traffic violation, according to the 2003 study. Almost one-quarter of the total booked population had been charged with a traffic and alcohol or traffic and drug crime. Only about 15% all the total booked population was charged with traffic violations that did not involve alcohol or drugs.
- Assault and domestic violence accounted for 8.4% of the Jail population. A substantial, but declining, proportion of the booked population had been charged with theft, robbery, burglary or forgery (17.1% in 2001 compared to 21% in 1994).

An important additional finding of the 2003 Jail Study was that the growth in the demand for the Jail has *not* driven by an increase in crime. In fact, crime and arrest rates declined between 1990 and 2000. That said, the recent and rapid emergence of methamphetamines is beginning to show in the Jail population.

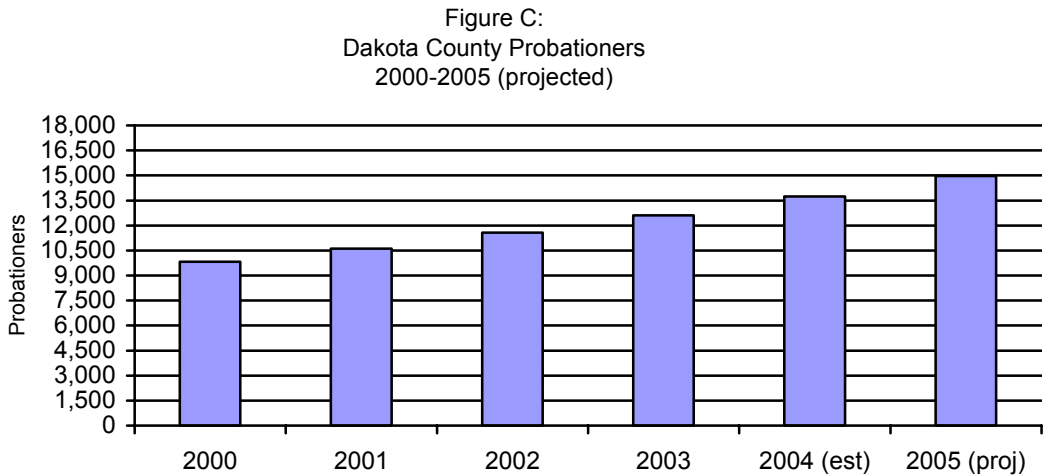
A snapshot of the Jail population (July 23, 2004) showed that of the inmates with drug charges, the largest portion (35%) involved meth. (See Figure B) Little is known yet about treating addicts of this highly addictive substance.



Inmates in the Dakota County Jail can receive mental health care, including medication set-up and monitoring, but these resources are limited. To be eligible for them, inmates must: 1) report mental health problems or act in ways that could be dangerous to themselves or others; and 2) be in the Jail for at least one week. When they leave the Jail, especially if they are not going on probation, there are no means for following-up to assure they connect with community-based treatment.

**Findings: Demand/Need Treatment Among Offenders on Probation.**

The growth in demand for probation mirrors the growth described above for the Jail. Figure A shows Dakota County's probation population for 2000 through 2005 (projected).



Source: 2004-05 Comprehensive Plan, assuming 9% growth for 2004 and 2005.

One national survey of adult probationers by the U.S. Bureau of Justice Statistics indicated that 16% of respondents reported having mental health problems. In a different study, Lurigio et al (2003) found that approximately 19% of current probationers reported symptoms that would be diagnosable according to the DSM-III-R. These figures compare with estimates showing that among the general population, 11% have some kind of current diagnosable disorder.

As most researchers and practitioners know, co-occurring mental health/chemical dependency problems are more complicated than either on its own, and put the subpopulation at greater risk of suicide. Interestingly, though, as Lurigio et. al. point out, “the relationship between substance use and psychiatric disorders is asymmetrical...Specifically, higher rates of substance use disorders are found among persons with psychiatric disorders, compared with rates of psychiatric disorders found among persons with substance uses disorders.” In their study, 55% of people on probation who had current psychiatric disorders also had some kind of chemical dependency. Thirty-seven percent of probationers with chemical dependency had psychiatric disorders.

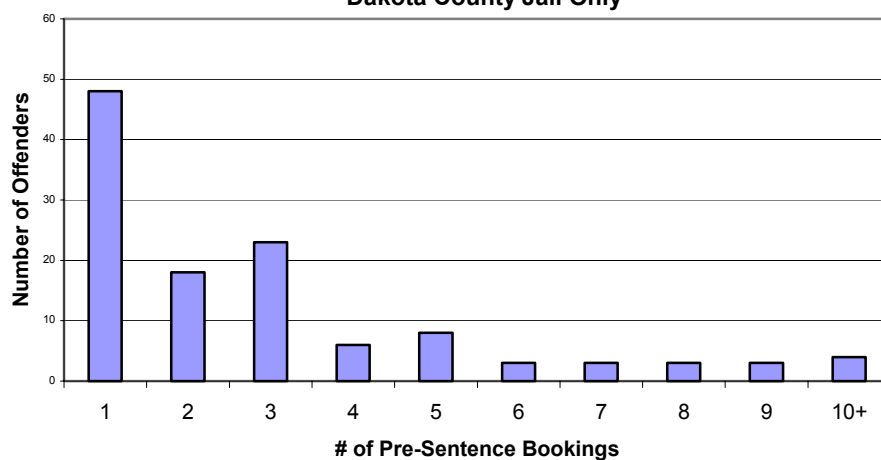
Dakota County probation staff screens offenders for possible mental health and dual mental health/chemical dependency during pre-sentence investigations (usually felonies and domestic violence offenses) and during probation intake using the LSI-R risk/need screening tool. Where it appears there are mental health problems and/or when ordered by the court, probation staff will work with offenders to arrange for further psychological evaluations and treatment.

Applying the national estimates to Dakota County’s annual probation population, it is reasonable to expect that in 2004, 2,200 to 2,600 probationers have diagnosable mental health problems.

Community Corrections staff also looked at the population another way, this time focusing on those who indicated in their LSI-Rs that they have mental health concerns<sup>1</sup>. Staff identified 163 offenders with active psychosis (reported by Intake probation officers), or who said they experienced *severe interference* in their lives because of mental health problems. Staff reasoned that of all of the probationers, this was the group most likely to have mental illness and chemical dependency as strong factors in their criminal behaviors. This group was also most likely to have long histories in the justice system, with many missed opportunities for treatment intervention. With limited time to research their backgrounds, staff decided to find out these offenders’ Dakota County Jail histories, especially the time they spent in jail before sentencing.

- 40% (n=48) had been booked into the Dakota County Jail once.
- 15% (n=18) had been booked in twice
- 19% (n=23) had been booked in three times.
- 26% (n=31) had been booked in four or more times.

**Figure D: # of Pre-Sentence Bookings by Offender on Probation - Dakota County Jail Only**



<sup>1</sup> LSI questions 46 – 50 ask whether the respondent is experiencing moderate or severe interference in his/her life because of mental health problems, whether he/she is or has ever received treatment, and whether he/she has had a psychological assessment.

The largest numbers of bookings (41%) were for one-day stays in jail, with another 24% for two-day stays.

All of this suggests that a small number of probationers who probably have significant mental health problems have had at least one contact with the Jail, though their stays there are probably not long enough for screening and assessment.

**Findings: Stakeholders interested in options, but only if resources are available.**

Subcommittee members interviewed judges, probation officers, representatives of the County Attorney's Office and the Public Defender's Office about barriers and gaps they experience in working with offenders who have mental health and chemical dependency. They said:

- 1) Treatment resources don't fit needs and meet the level of demand. For example, there are few known effective treatments for methamphetamine addiction.
- 2) These offenders are "hot potatoes" – they require much more time and resources than other groups.
- 3) Stakeholders have different ideas about the degree to which mental health and chemical dependency problems contribute to criminal behavior.
- 4) Timing is a problem. Collecting individuals' mental health or chemical dependency histories are not priorities for County Attorney staff and Bail Evaluators who are working on short timelines. Once individuals are charged, scheduling and other delays in the system can mean no treatment for weeks and months.
- 5) Access to treatment is limited by eligibility for publicly funded services, and prevailing 'medical necessity' standard.
- 6) Access to Social Services is limited (seriously and persistently mentally ill – SPMI – clients).
- 7) People with mental health and chemical dependency histories often have no informal support systems, having burned through friends and family members.

**Conclusions: Tighten up and enhance current practice as foundation for working with offenders who have mental health and chemical dependency problems.** The subcommittee found:

- 1) Jail and Probation staffs need an effective mental health/chemical dependency initial screening tool.
- 2) Mental health and chemical dependency information gathered during pre-trial detention should be conveyed to judges, County Attorney and Public Defender. It makes sense to work with the Sheriff's Office during the upgrade of its Jail Management Information to automate exchange of relevant information.
- 3) Where mental health/chemical dependency issues are identified, people leaving the Jail and those on probation should be connected to appropriate community resources.
- 4) There is a need to review current procedures so that existing treatment programs such as Avalon and Safe Street First are used to their maximum effect.
- 5) The justice system needs to explore promising practices including ways to engage informal and formal community and county resources. Also, it should research effective intervention strategies for working with offenders who use methamphetamines.
- 6) Need for continued collaboration around this group of offenders. Examples include the Criminal Justice Council and the Inter-Departmental Meth Team.